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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 0230-0242PUS1												
Application Number 10/594,595-Conf. #5586	Filed September 28, 2006													
For THERAPEUTIC AGENTS AND THERAPEUTIC METHODS FOR TREATING INJURED TISSUE														
Art Unit 1632	Examiner S. L. Chen													
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.														
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):														
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	<u>Fee</u> \$130 \$490 \$1110 \$1730 \$2350	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 60%;"><u>Small Entity Fee</u></th> <th style="width: 40%;"></th> </tr> </thead> <tbody> <tr> <td>\$65</td> <td>\$ 65.00</td> </tr> <tr> <td>\$245</td> <td>\$ _____</td> </tr> <tr> <td>\$555</td> <td>\$ _____</td> </tr> <tr> <td>\$865</td> <td>\$ _____</td> </tr> <tr> <td>\$1175</td> <td>\$ _____</td> </tr> </tbody> </table>	<u>Small Entity Fee</u>		\$65	\$ 65.00	\$245	\$ _____	\$555	\$ _____	\$865	\$ _____	\$1175	\$ _____
<u>Small Entity Fee</u>														
\$65	\$ 65.00													
\$245	\$ _____													
\$555	\$ _____													
\$865	\$ _____													
\$1175	\$ _____													
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> .														
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>28,977</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____														
 Signature Gerald M. Murphy, Jr. Typed or printed name		<u>MAY - 4 2009</u> Date <u>(703) 205-8000</u> Telephone Number												
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.														
<input type="checkbox"/> Total of <u>1</u> forms are submitted.														